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JC962 U.S. PTO

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JC972 U.S. PTO

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PTO/SB/05 (03-01)

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |   |
|------------------------|---|
| Attorney Docket No.    | P1379   |
| First Inventor         | SHIK-KWANG WU   |
| Title                  | Solid Phase Method for Synthesis of Conjugates Synthesized...the same |
| Express Mail Label No. | EV018409745US   |

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **55**]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **1**]
5. Oath or Declaration [Total Pages **1**]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for continuation/divisional with Box 18 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:** Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☒ Other: Check No.s 8758 & 8751

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No.: \_\_\_\_\_ / \_\_\_\_\_

Prior application information.

Examiner \_\_\_\_\_

Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

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| Name  | LaRiviere, Grubman & Payne, LLP                                      |          |   |
| Address   | P.O. Box 3140  |          |   |
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| Country   | USA  | Zip Code | 93942   |
| Telephone   | (831) 649-8800   | Fax      | (831) 649-8835  |

|                   |                       |                                   |         |
|-------------------|-----------------------|-----------------------------------|---------|
| Name (Print/Type) | May Lin DeHaan        | Registration No. (Attorney/Agent) | 42,472  |
| Signature         | <i>May Lin DeHaan</i> | Date                              | 12/7/01 |

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**FEE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 599.00)

**Complete If Known**

|                      |                |
|----------------------|----------------|
| Application Number   | Filed Herewith |
| Filing Date          | Filed Herewith |
| First Named Inventor | SHIK-KWANG WU  |
| Examiner Name        | Unknown        |
| Group Art Unit       | Unknown        |
| Attorney Docket No.  | P1379          |

| METHOD OF PAYMENT   |                            | FEE CALCULATION (continued)   |                       |  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
|---|----------------------------|---|-----------------------|--|----------------------------|-----------------------|-----------------------|-----------------|----------|-----|----------|--------------------|--------|-------------------------------------|-----|-----|-----|--|----|--|----------------------------|-----------------|----------|------------------|-----|---------------------------|-----|------------------------|-------|--------------------|-------|---|-----|-----------------------------------|------|------------------------|------|--|-----|---------------------------------------|--------|-----|-------------------|---|----|--|-----|-----|----|--|---|--|-----|---------------------|-----|---|--|-----|--------------------|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|------|-----|------|--|-------|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|---------------------|--|--|--|--|-------------------|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account Number <input type="text"/><br>Deposit Account Name <input type="text"/><br><input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |                            | 3. ADDITIONAL FEES<br><table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(c)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>(40)</td><td>581</td><td>(40)</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (3)</b></td><td><b>(\$ 40.00)</b></td></tr> </tbody> </table> |                       | Fee Code   | Large Entity Fee (\$)      | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130      | 205                | 65     | Surcharge - late filing fee or oath |     | 127 | 50  | 227  | 25 | Surcharge - late provisional filing fee or cover sheet |                            | 139             | 130      | 139              | 130 | Non-English specification |     | 147                    | 2,520 | 147                | 2,520 | For filing a request for ex parte reexamination |     | 112                               | 920* | 112                    | 920* | Requesting publication of SIR prior to Examiner action |     | 113                                   | 1,840* | 113 | 1,840*            | Requesting publication of SIR after Examiner action |    | 115  | 110 | 215 | 55 | Extension for reply within first month |   | 116  | 400 | 216                 | 200 | Extension for reply within second month |  | 117 | 920                | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(c) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | (40) | 581 | (40) | Recording each patent assignment per property (times number of properties) | 40.00 | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (3)</b> |  |  |  |  | <b>(\$ 40.00)</b> |
| Fee Code  | Large Entity Fee (\$)      | Small Entity Fee Code   | Small Entity Fee (\$) | Fee Description  | Fee Paid                   |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 105   | 130                        | 205   | 65                    | Surcharge - late filing fee or oath  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 127   | 50                         | 227   | 25                    | Surcharge - late provisional filing fee or cover sheet                     |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 139   | 130                        | 139   | 130                   | Non-English specification  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 147   | 2,520                      | 147   | 2,520                 | For filing a request for ex parte reexamination                            |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 112   | 920*                       | 112   | 920*                  | Requesting publication of SIR prior to Examiner action                     |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 113   | 1,840*                     | 113   | 1,840*                | Requesting publication of SIR after Examiner action                        |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 115   | 110                        | 215   | 55                    | Extension for reply within first month                                     |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 116   | 400                        | 216   | 200                   | Extension for reply within second month                                    |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 117   | 920                        | 217   | 460                   | Extension for reply within third month                                     |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 118   | 1,440                      | 218   | 720                   | Extension for reply within fourth month                                    |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 128   | 1,960                      | 228   | 980                   | Extension for reply within fifth month                                     |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 119   | 320                        | 219   | 160                   | Notice of Appeal   |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 120   | 320                        | 220   | 160                   | Filing a brief in support of an appeal                                     |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 121   | 280                        | 221   | 140                   | Request for oral hearing   |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 138   | 1,510                      | 138   | 1,510                 | Petition to institute a public use proceeding                              |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 140   | 110                        | 240   | 55                    | Petition to revive - unavoidable   |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 141   | 1,280                      | 241   | 640                   | Petition to revive - unintentional   |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 142   | 1,280                      | 242   | 640                   | Utility issue fee (or reissue)   |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 143   | 460                        | 243   | 230                   | Design issue fee   |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 144   | 620                        | 244   | 310                   | Plant issue fee  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 122   | 130                        | 122   | 130                   | Petitions to the Commissioner  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 123   | 50                         | 123   | 50                    | Processing fee under 37 CFR 1.17(c)  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 126   | 180                        | 126   | 180                   | Submission of Information Disclosure Stmt                                  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 581   | (40)                       | 581   | (40)                  | Recording each patent assignment per property (times number of properties) | 40.00                      |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 146   | 740                        | 246   | 370                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 149   | 740                        | 249   | 370                   | For each additional invention to be examined (37 CFR § 1.129(b))           |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 179   | 740                        | 279   | 370                   | Request for Continued Examination (RCE)                                    |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 169   | 900                        | 169   | 900                   | Request for expedited examination of a design application                  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| Other fee (specify) _____   |                            |   |                       |  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| <b>SUBTOTAL (3)</b>   |                            |   |                       |  | <b>(\$ 40.00)</b>          |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 2. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                            | 1. BASIC FILING FEE<br><table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>370.00</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>(\$370.00)</b></td></tr> </tbody> </table>  |                       | Large Entity Fee Code (\$)   | Small Entity Fee Code (\$) | Fee Description       | Fee Paid              | 101             | 740      | 201 | 370      | Utility filing fee | 370.00 | 106                                 | 330 | 206 | 165 | Design filing fee  |    | 107  | 510                        | 207             | 255      | Plant filing fee |     | 108                       | 740 | 208                    | 370   | Reissue filing fee |       | 114   | 160 | 214                               | 80   | Provisional filing fee |      | <b>SUBTOTAL (1)</b>                                    |     |                                       |        |     | <b>(\$370.00)</b> |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description   | Fee Paid              |  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 101   | 740                        | 201   | 370                   | Utility filing fee   | 370.00                     |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 106   | 330                        | 206   | 165                   | Design filing fee  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 107   | 510                        | 207   | 255                   | Plant filing fee   |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 108   | 740                        | 208   | 370                   | Reissue filing fee   |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 114   | 160                        | 214   | 80                    | Provisional filing fee   |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| <b>SUBTOTAL (1)</b>   |                            |   |                       |  | <b>(\$370.00)</b>          |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 2. EXTRA CLAIM FEES<br><table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>41</td><td>-20** = 20</td><td>9</td><td>189.00</td></tr> <tr><td>1</td><td>-3** = 0</td><td>42</td><td>0.00</td></tr> <tr><td colspan="4">Multiple Dependent</td></tr> </tbody> </table>  |                            | Total Claims  | Extra Claims          | Fee from below   | Fee Paid                   | 41                    | -20** = 20            | 9               | 189.00   | 1   | -3** = 0 | 42                 | 0.00   | Multiple Dependent                  |     |     |     | <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td><b>(\$ 189.00)</b></td></tr> </tbody> </table> |    | Large Entity Fee Code (\$)                             | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 103              | 18  | 203                       | 9   | Claims in excess of 20 |       | 102                | 84    | 202   | 42  | Independent claims in excess of 3 |      | 104                    | 280  | 204  | 140 | Multiple dependent claim, if not paid |        | 109 | 84                | 209   | 42 | ** Reissue independent claims over original patent |     | 110 | 18 | 210                                    | 9 | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b> |     |   |  |     | <b>(\$ 189.00)</b> |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| Total Claims  | Extra Claims               | Fee from below  | Fee Paid              |  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 41  | -20** = 20                 | 9   | 189.00                |  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 1   | -3** = 0                   | 42  | 0.00                  |  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| Multiple Dependent  |                            |   |                       |  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description   | Fee Paid              |  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 103   | 18                         | 203   | 9                     | Claims in excess of 20   |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 102   | 84                         | 202   | 42                    | Independent claims in excess of 3  |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 104   | 280                        | 204   | 140                   | Multiple dependent claim, if not paid                                      |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 109   | 84                         | 209   | 42                    | ** Reissue independent claims over original patent                         |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| 110   | 18                         | 210   | 9                     | ** Reissue claims in excess of 20 and over original patent                 |                            |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |
| <b>SUBTOTAL (2)</b>   |                            |   |                       |  | <b>(\$ 189.00)</b>         |                       |                       |                 |          |     |          |                    |        |                                     |     |     |     |  |    |  |                            |                 |          |                  |     |                           |     |                        |       |                    |       |   |     |                                   |      |                        |      |  |     |                                       |        |     |                   |   |    |  |     |     |    |  |   |  |     |                     |     |   |  |     |                    |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |      |     |      |  |       |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                     |  |  |  |  |                   |

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**IN THE**

**UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS: SHIH-KWANG WU, TING-GUNG  
CHANG, CHIN-LU TSENG, LI-JUNG  
CHEN, KAE-SHYANG SHIH EXAMINER: UNKNOWN

SERIAL NO.: FILED HEREWITH ART UNIT: UNKNOWN

FILED: FILED HEREWITH

TITLE: SOLID PHASE METHOD FOR SYNTHESIS PEPTIDE-  
SPACER-LIPID CONJUGATES, CONJUGATES  
SYNTHESIZED THEREBY AND TARGETED LIPOSOMES  
CONTAINING THE SAME

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**TRANSMITTAL LETTER**

Dear Sir:

In connection with the above-referenced matter, transmitted herewith are the following:

1. Specification (46 pages); Claims (8 pages), and Abstract (1 page);
2. Utility Patent Application Transmittal (1 page);
3. Declaration and Power of Attorney for Patent Application (2 pages);

4. Verified Statement Claiming Small Entity Status (1 page);
5. Recordation Form Cover sheet (1 page);
6. Assignment Agreement (1 page);
7. Fee Transmittal (1 page);
8. Check No.8758 in the amount of \$559.00 for basic application fee; and
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| TOTAL CLAIMS        | 41-20=-0            | 21                  | x \$9.00    | 189.00                       |
| INDEPENDENT CLAIMS  | 1-3=-0              | 0                   | x \$42.00   | 0.00                         |
| ANY MULTIPLE CLAIMS | 0                   |                     | 0           |                              |
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Respectfully submitted,



May Lin DeHaan  
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